

MSA BULLETIN 07-45
Questions and Answers

1. What are the requirements and time frames for persons who are dually eligible and enter the nursing facility with skilled care needs (Medicare is primary)?

Persons entering a NF from a hospital who are dually eligible will be admitted to the NF using Medicare skilled coverage. Because dually eligible beneficiaries are also Medicaid eligible, an LOCD must be completed as follows: the nursing facility will contact the LTCC within two business days of admission and the LTCC will conduct the LOCD within ten calendar days and provide a copy to the nursing facility. The nursing facility will have two business days to enter the completed LOCD into the LOCD web site.

2. Are Options Counselors covered by MSA 06-35 on Criminal History Background Check?

The interactions between an individual and the Options Counselor do not meet the requirements of MSA 06-35. The Long Term Care Connection contract and standards do require a less intensive background check and all Options Counselors are screened as part of the LTCC employment process.

3. How can we know when a person who is receiving service in a nursing home is disenrolled from an HMO?

When the Medical Services Administration (MSA) approves disenrollment from an HMO, an email with beneficiary and nursing facility information will be sent to the identified contact persons at the LTCCs. LTCC staff at each site will follow-up with appropriate staff at nursing facilities within their region by scheduling a LOCD.

Nursing facilities will inform the LTCC when they receive notice of a beneficiary's HMO disenrollment.

This process provides for redundancy to assure the LTCC is informed. As the procedures are tested and working, the overlap will be eliminated.

4. What are the requirements for a LOCD for persons who are Medicaid and who are receiving Hospice service when the individual is seeking a stay in a nursing facility for respite or for stabilization?

Hospice providers and hospice enrolled beneficiaries are not required to contact the LTCC when seeking admission to a nursing facility from home or from the hospital.

When a hospice beneficiary is disenrolled from hospice, a LOCD must be completed. The hospice provider will be asked to contact the LTCC when a beneficiary is disenrolled from hospice and remains in a nursing facility .

When a nursing facility learns an individual is disenrolling from hospice, they must contact the LTCC so the LOCD can be completed.

This process provides for redundancy to assure the LTCC is informed. Our current plan is to test procedures and when proven to be working, the overlap will be eliminated.

5. How is a LOCD completed if a person dies before LTCC staff complete the LOCD?

The LTCC will use appropriate medical records and information from provider staff to complete the required LOCD.

6. Who signs and what provider type is used when completing the LOCD form and the Freedom of Choice form?

The LTCC staff signs the Freedom of Choice as the professional completing the LOCD. The LTCC staff and the nursing facility staff work together to get the applicant's/applicant's representative signature on the Freedom of Choice form. The National Provider ID (NPI) replaces the Provider ID and Provider Type as of October 1, 2007. The NPI refers to the admitting nursing facility and is written onto the hardcopy (paper) LOCD done by the LTCC. The NPI is automatically generated on the computerized LOCD and Freedom of Choice form when the Medicaid provider enters the LTCC's LOCD under their NPI.

**MSA 07-45
Questions and Answer
MI Choice Waiver**

1. Are waiver agents allowed to wait until after assessment to enter the LOCD on the website without penalty if it takes longer than two days to schedule a community interview?

Answer: As of November 1, 2007, MI Choice Waiver agencies may no longer conduct the LOCD or the Telephone Intake Guidelines. The LTCC will conduct screening for purposes of placing consumers on the wait list which will be maintained by the LTCC.

The LTCC will conduct an LOCD only when a MI Choice waiver agent notifies the LTCC of an opening in their program. To enhance coordination between the LTCC and long term care providers at the local level, we are requiring/encouraging the development of partnership agreements that clearly identify the responsibility of each party to ensure that consumers have timely access to LOCDs as well as a continuation of services. The partnership agreement will provide for initial contact with the consumer to schedule the LOCD and the MI Choice MDS-HC assessment. This coordination will support the meeting of required time frames as stated in MSA 07-45.

2. How is [a significant] change in medical function interpreted?

Answer: A significant change in condition is a change that may affect the beneficiary's current Medicaid functional eligibility status: eligible to ineligible, ineligible to eligible. If a beneficiary has a significant change in condition, a subsequent LOCD must be conducted. A subsequent LOCD is not required if there is a change in the door through which the beneficiary initially qualified.

Are we to assume functional change when a current Medicaid Waiver participant enters and leaves a nursing facility after receiving rehabilitation services?

Answer: Assessment of functional capacity is part of ongoing waiver requirements. If the change is significant, and it may affect the beneficiary's current Medicaid functional eligibility status, a referral to the LTCC must be made.

If a change in medical functioning is noted during a reassessment, and a consumer still qualifies under a different door is it possible for the care manager to complete this LOCD or do they have to reschedule a visit with a LTCC options counselor?

Answer: As of November 1, 2007, only the LTCC may conduct the LOCD for providers located within any one of the four LTCC Regions. This includes any subsequent LOCDs. If the significant change in condition may change the beneficiary's current Medicaid functional eligibility status, a subsequent LOCD is required. The MI Choice Waiver agency must contact the LTCC within the timeframe given in MSA 07-45 to schedule a subsequent LOCD.

3. What is our financial risk if the individual LOCD is not put in within two days? Are we still looking at a financial liability for 14 days or 2 days after first day of service?

Answer: Financial responsibility is not changed by this policy. Current MSA policy continues to require that LOCDs be entered in the online LOCD web site within the 14 days, however, the MSA 04-75 requires providers to inform the LTCC within 2 days of "admission" (this will be coordinated due to the wait list) and allows 5 days for the LTCC to apply the LOCD, and 2 days for the provider to enter the LTCC's LOCD into the LOCD web site.

4. When we have individuals we are presently serving in our OSA/CM program who may be transferred to our Medicaid Waiver program, are we required to schedule a LOCD with the LTCC or is the Supports Coordinator who has frequently performed reassessments on the individual permitted to do the LOCD?

Answer: Per MSA 07-45 issued September 1, 2007, effective November 1, 2007, the LTCC must conduct the LOCD for any individual entering a Medicaid funded long term care program for providers located within any one of the four LTCC regions. This includes individuals transferring from the Office of Services to the Aging/Care Management program to the MI Choice Waiver.

Are we able to enroll OSA/CM participants into Medicaid waiver without consulting the LTCC as to waiting list priority?

Answer: No. Per MSA 07-45, the MI Choice Waiver waiting list will be maintained by the LTCC and the LTCC must be consulted prior to enrollment of any individual into the MI Choice Waiver .

5. How is a disagreement handled if the MI Choice provider states that they disagree with the LOCD made by the LTCC?

Answer: Per MSA 07-45, if there is a difference of Medicaid functional eligibility between the LTCC's LOCD and the MI Choice Waiver's MDS-HC, the waiver agent must contact the LTCC within two business days of the signed and dated MDS-HC. It is our expectation that the MI Choice Waiver provider and the LTCC will engage in constructive dialogue regarding LOCD disagreements to ensure all parties have a complete understanding of the differences of opinion, and to reach an agreement. The final determination of functional eligibility is made by the LTCC.

Who alerts the participant of the disagreement?

Answer: The consumer is not alerted of a disagreement between the MI Choice Waiver's MDS-HC and the LTCC's LOCD. If the LTCC determines the beneficiary as ineligible via the LOCD, per MSA 07-45, adverse action notices are issued by the LTCC.

Are we representing our own clients if the LTCC determines the client ineligible and we have evidence to show the client is eligible?

Answer: The LTCC staff have the expertise to determine functional eligibility and the responsibility for informing clients of their functional eligibility determination via an adverse action notice. When a client wishes to request an immediate review from MDCH's contracted Michigan Peer Review Organization (MPRO), or request an administrative hearing, the LTCC staff represent the state. Clients may represent themselves or identify another party to represent them in the beneficiary appeals process, but as contracted entities of the state, MI Choice Waiver agents may not represent the beneficiary. Current policy requiring that waiver agents and nursing facility providers represent the department in LOCD appeals remains in effect.

Are we to continue services until a determination is reached? Will we receive reimbursement if the ruling states the participant does not qualify for Long Term Care services?

Answer: If a new Medicaid beneficiary, or person with a pending Medicaid application, is initially determined functionally ineligible for Medicaid and appeals the LOCD, or appeals MPRO's Immediate or Exception review of ineligibility, Medicaid will not pay for the beneficiary's care during the appeals process.

If a current Medicaid beneficiary is determined functionally ineligible based on a subsequent LOCD **within the timeframe identified within the notice letter**, Medicaid will continue to pay for the beneficiary's care during the appeals process until a final decision and order is rendered.

If a Medicaid beneficiary files for a Medicaid Fair Hearing based on a negative LOCD determination (initial or subsequent LOCD) and has a significant change in medical condition prior to the hearing date, the provider must contact the LTCC to arrange for another subsequent LOCD. If the additional subsequent LOCD determines the beneficiary to be functionally eligible, the beneficiary may contact the MDCH Administrative Tribunal to withdraw their request for a hearing, or the beneficiary may continue with the hearing to appeal the prior LOCD determination of functional ineligibility. Medicaid will make payment only for dates of services for which the beneficiary was determined functionally eligible for services.